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Bib Data Sheet

CONFIRMATION NO. 7167

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/692,654	10/18/2000 RULE	455	2682	39389/CAG/B600

## APPLICANTS

Stephen Wu, Los Angeles, CA;  
Brima Ibrahim, Los Angeles, CA;  
Ahmadreza Rofougaran, Marina Del Rey, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A CON OF 09/634,552 08/08/2000  
WHICH CLAIMS BENEFIT OF 60/160,806 10/21/1999  
AND CLAIMS BENEFIT OF 60/163,487 11/04/1999  
AND CLAIMS BENEFIT OF 60/163,398 11/04/1999  
AND CLAIMS BENEFIT OF 60/164,442 11/09/1999  
AND CLAIMS BENEFIT OF 60/164,194 11/09/1999  
AND CLAIMS BENEFIT OF 60/164,314 11/08/1999 \*  
AND CLAIMS BENEFIT OF 60/165,234 11/11/1999  
AND CLAIMS BENEFIT OF 60/165,239 11/11/1999  
AND CLAIMS BENEFIT OF 60/165,356 11/12/1999  
AND CLAIMS BENEFIT OF 60/165,355 11/12/1999  
AND CLAIMS BENEFIT OF 60/172,348 12/16/1999  
AND CLAIMS BENEFIT OF 60/201,335 05/02/2000  
AND CLAIMS BENEFIT OF 60/201,157 05/02/2000  
AND CLAIMS BENEFIT OF 60/201,179 05/02/2000  
AND CLAIMS BENEFIT OF 60/202,997 05/10/2000 \*  
AND CLAIMS BENEFIT OF 60/201,330 05/02/2000  
(\*) Data inconsistent with PTO records.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 12/08/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	CA	48	68	5
Verified and Acknowledged	Examiner's Signature <i>MM</i> Initials <i>MM</i>				

## ADDRESS

23363

## TITLE

Adaptive radio transceiver with polyphase calibration

<b>FILING FEE RECEIVED 1864</b>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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